

Berkeley Lab Travel



## Traveler Receipt Reference Guide

March 2007



ERNEST ORLANDO LAWRENCE  
BERKELEY NATIONAL LABORATORY



## Examples of Acceptable Receipts

Acceptable Receipts typically include the following:

- Name of the company (airline, hotel, rental car, etc.)
- Name of the traveler
- Transaction dates
- Amount of charges
- Proof/method of payment

# This is an **ACCEPTABLE RECEIPT**

- ✓ Conference name
- ✓ Traveler
- ✓ Dates
- ✓ Amounts
- ✓ Payment verification
- ✓ When conference documentation provided



Conference name

## ATTENDANCE and PAYMENT VERIFICATION

This is to certify that

Joe Traveler **Traveler's name**

NAME:

INSTITUTION: LAWRENCE BERKELEY NATIONAL LAB

attended the Fall 2006 Meeting held in Boston, MA, November 27th - December 1st

Payment was received for the following: ✓

Dates

Meeting Registration

Payment verification

Total

450.00

450.00

Amounts

If you have any questions or need additional information, please contact

Name, Preregistration Manager

Materials Research Society

forrest@mrs.org

Tel: 724-779-3004 Ext. 420 • Fax: 724-779-8313

This is an **ACCEPTABLE RECEIPT**

- ✓ Vendor
- ✓ Date
- ✓ Amount



**BERKELEY ROYAL CAB  
&  
A.I. AIRPORT EXPRESS CAB**

Vendor

**For Local & Airports**

24 Hrs. Service

**(510) CAB RIDE OR 222-7433**

**(510) 559 TAXI OR 559-8294**

Date: 1/10 Cab#: \_\_\_\_\_ \$ 78

Date

Amount

# This is an ACCEPTABLE RECEIPT

- ✓ Vendor
- ✓ Amounts
- ✓ Traveler
- ✓ Method of payment
- ✓ Dates

Note: This receipt was reduced from two pages to one.



Vendor

February 26, 2007

For: JOE TRAVELER XXXXX-000037776  
To: LAWRENCE BERKELEY LABS  
CO/ SOMEONE IN ACCOUNTING  
2120 UNIVERSITY AVE STE 500  
BERKELEY CA 94704  
510-486-5693

Traveler

Sales Person: OT  
Locator: FFQFWB  
Customer Number: U1JOL

THIS TICKET MAY BE SUBJECT TO PENALTIES.  
CHANGES/CANCELLATION TO THIS ITINERARY MAY BE SUBJECT  
TO A PENALTY FEE AND POSSIBLE FARE INCREASE  
THE SOUTHWEST RECORD LOCATOR IS CF6GPW

## Monday March 19, 2007



Southwest Airlines  
Class Of Service: Coach Class M  
Depart: OAKLAND, CA  
Arrive: SAN DIEGO, CA  
Total Flight Time:  
Equipment: Boeing 737-300  
Meal Service: None  
Status: Confirmed  
DEP-TERMINAL 2

Flight Number: 939

07:30AM March 19, 2007  
08:55AM March 19, 2007  
1 Hour 25 Minutes Non-Stop

Dates

Confirmation Number: CF6GPW  
ARR-TERMINAL 1

## Monday March 19, 2007



Southwest Airlines  
Class Of Service: Coach Class H  
Depart: SAN DIEGO, CA  
Arrive: OAKLAND, CA  
Total Flight Time:  
Equipment: 73G  
Meal Service: None  
Status: Confirmed  
DEP-TERMINAL 1

Flight Number: 434

04:05PM March 19, 2007  
05:35PM March 19, 2007  
1 Hour 30 Minutes Non-Stop

Dates

Confirmation Number: CF6GPW  
ARR-TERMINAL 2

## Wednesday September 19, 2007

Other Service  
Sep 19, 2007 - Sep 19, 2007  
Departure City: OAKLAND, CA  
THANK YOU FOR YOUR BUSINESS

Name	Invoice / Ticket	Base	Tax1	Tax2	Tax3	Total
TRAVELER, JOE	190457/5262374033078	119.07USD	8.93US	6.80ZP	14.00XT	148.80
Total Amount:						148.80

Amount

FOR EMERGENCY ASSISTANCE AFTER HOURS PLEASE CALL  
800-582-8395. IDENTIFY WITH EXECUTIVE CODE D25A  
BOARDING PASSES ARE NOW REQUIRED TO PASS SECURITY  
CHECKPOINTS. BOARDING PASSES ARE AVAILABLE AT THE  
TICKET COUNTER, CURBSIDE CHECK-IN OR AN E-TKT KIOSK.  
PLEASE CONFIRM SEATING AT AIRPORT CHECK-IN  
YOUR SOUTHWEST CONFIRMATION NUMBER IS CF6GPW

### Notes:

FORM OF PAYMENT - VI4798\*\*\*\*\*XXXX

Method of payment

# This is an **ACCEPTABLE RECEIPT**

- ✓ Vendor
- ✓ Amounts
- ✓ Traveler
- ✓ Method of payment
- ✓ Dates

Vendor



**Hilton**

**College Station & Conference Center**

801 University Drive East • College Station, TX 77840  
Phone (979) 693-7500 • Fax (979) 846-7361  
Reservations  
www.hiltoncs.com or 1 800 HILTONS

Name & Address

Traveler, Joe  
Address  
BERKELEY, CA 94708  
US

Traveler

Room 510/K1  
Arrival Date 11/19/06 8:44PM  
Departure Date 11/21/06

Dates

Adult/Child 1/0  
Room Rate \$73.00

RATE PLAN C-CYCL  
HH#  
AL: UA #00497273641  
BONUS AL: CAR:

Confirmation: 3255108463

11/21/06 PAGE 1

DATE	REFERENCE	DESCRIPTION	AMOUNT
11/19/06	970309	GUEST ROOM	\$73.00
11/19/06	970309	STATE TAX	\$4.38
11/19/06	970309	CITY TAX	\$5.11
11/20/06	970950	GUEST ROOM	\$73.00
11/20/06	970950	STATE TAX	\$4.38
11/20/06	970950	CITY TAX	\$5.11
WILL BE SETTLED TO VS *7666 EFFECTIVE BALANCE OF			\$164.98
			\$0.00

Method of payment

Amounts

**Hilton HHonors®**  
Points & Miles

Thank you for choosing Hilton! Please visit us at [hilton.com](http://hilton.com) to view our best available Net Direct rates, plan a special vacation getaway or select a convenient location for your next business trip.

## Zip-Out Check-Out®

Good Morning ! We hope you enjoyed your stay. With Zip-Out Check-Out® there is no need to stop at the Front Desk to check out.

- Please review this statement. It is a record of your charges as of late last evening.
  - For any charges after your account was prepared, you may:
    - + pay at the time of purchase.
    - + charge purchases to your account, then stop by the Front Desk for an updated statement.
    - + or request an updated statement be mailed to you within two business days.
- Simply call the Front Desk from your room and tell us when you are ready to depart. Your account will be automatically checked out and you may use this statement as your receipt. Feel free to leave your key(s) in the room.  
*Please call the Front Desk if you wish to extend your stay or if you have any questions about your account.*

DATE OF CHARGE	FOLIO NO./CHECK NO.
	236756 A
AUTHORIZATION	INITIAL
PURCHASES & SERVICES	
TAXES	
TIPS & MISC.	
TOTAL AMOUNT	0.00

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# This is an **ACCEPTABLE RECEIPT**

- ✓ Vendor
- ✓ Traveler
- ✓ Dates
- ✓ Amounts
- ✓ Method of payment

NATIONAL  
CAR RENTAL

Vendor

RA 511358617 Inv 50009556434

Rental 08-DEC-2006 11:22 AM  
TALLAHASSEE ARPT  
Return 08-DEC-2006 02:42 PM  
JACKSONVILLE INTL ARPT

Dates

Traveler

JOE TRAVELER

Vehicle # 7F135673  
Model MALIBU MAXX  
Class Driven FCAR Class Charged ICAR  
License# 801JBL State/Province TN  
M/Kms Driven 189  
M/Kms Out 7602  
M/Kms In 7791

LAWRENCE LIVERMORE NATIONAL LABORATORY  
Contract ID 5002435

Charges	No	Unit	Price	Amount
T & M	1	Days	42.00	42.00*
UNLIM M/KM	0	M/Kms		0.00*
CDW/LDW	1	Days		0.00
REFUELING	4	Gals	6.25	25.00
				7.08*
FLORIDA SURCHARGE				2.00*
TIRE/BATTERY FEE				0.05*
LICENSE RECOUP FEE				0.39*
SALES TAX @7.500 %				3.86
Total Charges				USD 80.38
Paid By	Visa XXXX			-80.38
Amount Due				USD 0.00

Amounts

\* Taxable Items  
Subject to Audit  
Your Emerald Club Number is XXXXXXXX  
Emerald Club rental credits will be  
posted within 24 hours  
We hope you enjoyed driving your  
upgraded Emerald Club vehicle.  
Customer service Number 1-800-468-3334

Method of payment



# This is an **ACCEPTABLE RECEIPT**

- ✓ Vendor
- ✓ Traveler
- ✓ Dates
- ✓ Amounts
- ✓ Method of payment

Vendor



Dates

Joe Traveler

Traveler's name

1234 Happy Place Dr.  
Somewhere, CA 56789

Arrival: 10/24/06  
Departure: 10/27/06  
Room: 4152  
Page: 1

Folio No. 205422

Date	Description	Debit	Credit	Cashier
10/24/06	Long Distance Calls 510-526-8215	14.78		FOSERVER
10/24/06	Room	95.00		KIRBYL
10/24/06	Room Tax *Room	9.90		KIRBYL
10/25/06	Terrace Cafe Food #4152 : CHECK #376	7.53		FOSERVER
10/25/06	Long Distance Calls 510-526-8215	4.25		FOSERVER
10/25/06	Room	95.00		KENESHIAH
10/25/06	Room Tax *Room	9.90		KENESHIAH
10/26/06	Long Distance Calls 510-684-8514	6.50		FOSERVER
10/26/06	Room	95.00		RUTHO
10/26/06	Room Tax *Room	9.90		RUTHO
10/27/06	Visa Card XXXXXXXXXXXX9752 11/06		347.76	BECKYD

Amounts

Method of Payment

Balance: \$0

Signature: \_\_\_\_\_

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges.

**Thank-You for staying with us !!!!**

Please visit our website: [www.pheasantrun.com](http://www.pheasantrun.com) for our latest exciting offers.

- ✓ Vendor
- ✓ Traveler
- ✓ Dates
- ✓ Amounts
- ✓ Method of payment



UNITED

TRAVELER / JOE

""NOT VALID FOR ""  
""TRANSPORTATION""

NONREF-CHG100PLUSFAREDIF-/CXL BY FLT DATE OR NOVALUE

VXXXXXXXXXXXXX3920

## Method of payment

7ME14N3NX USD360.93END ZPSFJFK XT 6.60ZP 5.00AY 9.00XFSF04.5JFK4.5

USD360.93

US27.07

XT20.60

USD408.60

## Amounts

ETKT PASSENGER RECEIPT

DUPLICATE 2149756987

\*\*\*\*\*

C 43713-5

CONXC US10NOV06

XGR4V8/UA MULTI

C

THIS IS YOUR RECEIPT

000136

\*\*\*\*\*

0 016 2149756987 1


**UNITED**

████████████████████

2149756987

## Dates

TRAVELER / JOE

SFOJFKUA

10 S11DEC

**JFKSFOUA**

17 V14DEC

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NOT VALID FOR TRAVEL

0 016 2149756987 1



STAR ALLIANCE

STAR ALLIANCE

## Examples of Unacceptable Receipts

Not qualified as receipts: The following documents do not meet conditions of an acceptable receipt (usually missing amounts and/or proof of payment):

- Airline boarding passes
- Itinerary
- Registration forms without payment confirmations
- Hotel check-in forms/confirmations
- Rental car estimates/agreements?

# This is NOT A RECEIPT

- Says "Boarding Pass"
- There are no dollar amounts indicated
- Shows no method of payment

**PASSENGER TICKET AND BAGGAGE CHECK**  
SUBJECT TO CONDITIONS OF CONTRACT

ISSUED BY **American Airlines** oneworld

ISS. AGENT ID. **12DEC06** PLACE OF ISSUE **US**

NAME OF PASSENGER (NOT TRANSFERABLE) **TRAVELER / JOE**

FARE BASIS **DALLAS FT WORTH** FCI **TRAVELER / JOE**

FROM **DALLAS FT WORTH** TO **WASHINGTON REAGAN**

AA 1296 Q 12DEC200P

PNR CODE **HZKNKI / AA**

**BOARDING PASS**

**GROUP 4**  
SEAT 21F

FARE **00110268732740**

**ELECTRONIC**  
2 001 7800593022 1

**EXIT**

5BV /DFW

## American Airlines oneworld BOARDING PASS

PASSENGER NAME **TRAVELER / JOE**

FREQUENT FLYER # **7KV1358**

RECORD LOCATOR **HZKNKI**

FROM: **SAN FRANCISCO**

TO: **DALLAS/FORT WORTH**

FLIGHT **AA 532** CLASS **6** DATE **12DEC** DEPARTS **630A**

GATE **63** BOARDING TIME **600A** SEAT **19A**

**GROUP 4**

**ELECTRONIC**

0017800593022

SELF-SERVICE CPN 2341138

## American Airlines

**BOARDING PASS**  
**TRAVELER / JOE**

FROM: **SAN FRANCISCO**

TO: **DALLAS FORT WORTH**

FLIGHT **AA 532** SEAT **19A**

**GROUP 4**

DATE **12DEC** CLASS **6** DEPARTS **630A**

# This is **NOT A RECEIPT**

- This is an itinerary
- Shows no method of payment

<http://app2.outtask.com/common/printpage.asp?contentdi>



Carlson Wagonlit Travel (Lawrence Berkeley National Labs)  
888-243-1125 Press 5  
24 hours, 7 days a week



## Trip from Oakland to San Diego

Travel Authorization - 9 Digits Only - Lead with zeros: 000037776

### Itinerary for: **JOE TRAVELER**

Created on: 02/26/2007 at 5:08 PM

Trip Record Locator: FFQFWB

[View Fare Rules](#)

FOR EMERGENCY ASSISTANCE AFTER HOURS PLEASE CALL  
800-582-8395. IDENTIFY WITH EXECUTIVE CODE D25A  
BOARDING PASSES ARE NOW REQUIRED TO PASS SECURITY  
CHECKPOINTS. BOARDING PASSES ARE AVAILABLE AT THE  
TICKET COUNTER, CURBSIDE CHECK-IN OR AN E-TKT KIOSK.  
Selected Ticket Delivery: E-Ticket if possible



Metro Oakland Intl Arpt (OAK) to Lindbergh Intl Arpt (SAN)

Flight:	<b>Southwest</b> Airlines	Flight # 0939 Economy (M)	Boeing 737-300
Departs:	Metro Oakland Intl Arpt (OAK), Terminal: 2		Mon 03/19/2007 at 7:30 AM
Arrives:	Lindbergh Intl Arpt (SAN) Terminal: 1		Mon 03/19/2007 at 8:55 AM
Status:	Confirmed	Ticketing:	E-Ticket
Stops:	Nonstop	Meal:	No Meal Served
Duration:	1 hour, 25 minutes	Flt Miles:	448

Airline Record Locator: CF6GPW



Lindbergh Intl Arpt (SAN) to Metro Oakland Intl Arpt (OAK)

Flight:	<b>Southwest</b> Airlines	Flight # 0434 Economy (H)	Boeing 737-700
Departs:	Lindbergh Intl Arpt (SAN), Terminal: 1		Mon 03/19/2007 at 4:05 PM
Arrives:	Metro Oakland Intl Arpt (OAK) Terminal: 2		Mon 03/19/2007 at 5:35 PM
Status:	Confirmed	Ticketing:	E-Ticket
Stops:	Nonstop	Meal:	No Meal Served
Duration:	1 hour, 30 minutes	Flt Miles:	448

Airline Record Locator: CF6GPW

### Totals and restrictions

Airfare quoted amount:	\$119.07 USD
Landing fees and taxes:	\$29.73 USD
<b>Airfare quoted total:</b>	<b>\$148.80 USD</b> <a href="#">View Fare Rules</a>

Restrictions: NON REFUNDABLE/STANDBY REQ UPGRADE TO YL

TICKET NOT YET ISSUED. AIRFARE QUOTED IN ITINERARY IS NOT GUARANTEED UNTIL TICKETS ARE ISSUED.

Itinerary generated on Mon 02/26/2007 6:09 PM



# This is NOT A RECEIPT

- This is an estimate only
- Shows no proof of payment



<b>RA # 511358617</b>		<b>RES # 530168711</b>	
<b>Joe Traveler</b> Hometown, CA 94720		<b>CONTRACT ID 5002435</b> <b>EXT REF #</b>	
<b>RENTAL LOCATION</b> TALLAHASSEE ARPT (888)826 6890 3300 CAPITAL CIRCLE SW TALLAHASSEE, FL 32310		<b>RENTAL DATE</b> 08-DEC-2006 <b>RENTAL TIME</b> 11:22 AM	
<b>RATE RULES AND QUALIFICATIONS</b> INITIAL X _____ CONTRACT FLAT RATE Monthly Charge up to 31 Days		<b>RETURN LOCATION</b> JACKSONVILLE INTL ARPT (904)741 3110 JACKSONVILLE INTL ARPT JACKSONVILLE, FL 32229	
		<b>RETURN DATE</b> 08-DEC-2006 <b>RETURN TIME</b> 05:01 PM	
		<b>VEHICLE INFORMATION</b> RESERVED Intermediate 2/4 Door Car Auto A/C DRIVEN Full Size 2/4 Door Car Auto A/C CHARGED Intermediate 2/4 Door Car Auto A/C MAKE CHEVROLET MODEL MALIBU MAXX COLOR BLUE DK ODOMETER 7602 PLATE 801JBL REG AREA TN VEHICLE # 7F135673 BAY R1 STALL 15	
<b>CHARGES</b>	<b>UNIT</b>	<b>PRICE/UNIT</b>	<b>CURRENT CHARGE</b>
RENTER'S RESPONSIBILITY			
* TIME & DISTANCE	MONTH	1008.00 X	0.00
* TIME & DISTANCE	WEEK	252.00 X	0.00
* TIME & DISTANCE	Day	42.00 X 1	42.00
* TIME & DISTANCE	Hour	21.00 X	0.00
* UNLIMITED MILES/KM-TIME & DISTANCE	M/KM	0.00 X	0.00
REFUELING SERVICE CHARGE	Gallon	6.25 X	0.00
* CONCESSION RECOUP FEE 10.50 PCT @ 10.50%			4.46
* FLORIDA SURCHARGE 2.00/DAY	Day		2.00
* TIRE/BATTERY FEE .05/DAY	Day		0.05
* LICENSE RECOUPMENT FEE .39/DAY	Day		0.39
SALES TAX 7.50%			3.67
<b>ESTIMATED CHARGES</b>			<b>52.57 INITIAL X</b> _____
(All Charges Are Estimate Only - Subject to change if vehicle not returned to the location on date and time specified, or if fuel tank is not full at return and fuel service option was not purchased).			
<b>PAYMENTS</b> VISA 6009 Auth #			
LOSS DAMAGE WAIVER (LDW) IS INCLUDED IN THIS RENTAL.			
I DECLINE PERSONAL ACCIDENT INSURANCE (PAI) WITH PERSONAL EFFECTS COVERAGE (PEC). X _____			
I DECLINE OPTIONAL THIRD PARTY BODILY INJURY AND PROPERTY DAMAGE INSURANCE (SLI). X _____			
MY COMPANY'S AGREEMENT PROVIDES LOSS DAMAGE WAIVER (LDW) FOR BUSINESS RENTALS; OTHERWISE I AM RESPONSIBLE FOR ALL LOSS OR DAMAGE TO THE VEHICLE. X _____			
THE VALID AND COLLECTIBLE LIABILITY INSURANCE AND PERSONAL INJURY PROTECTION INSURANCE OF ANY AUTHORIZED RENTAL OR LEASING DRIVER IS PRIMARY FOR THE LIMITS OF LIABILITY AND PERSONAL INJURY PROTECTION COVERAGE REQUIRED BY SS. 324.021(7) AND 627.736, FLORIDA STATUTES. X _____			
<b>PLEASE READ IMPORTANT INFORMATION REGARDING AUTHORIZED DRIVERS WITHIN THE AGREEMENT (SEE RENTAL AGREEMENT JACKET).</b>			
YOU AGREE TO ALL PROVISIONS CONTAINED WITHIN THIS AGREEMENT, INCLUDING THOSE CONTAINED WITHIN NATIONAL'S RENTAL AGREEMENT JACKET AND ALL APPLICABLE OPTIONAL PRODUCT BROCHURES, AND YOU ACKNOWLEDGE RECEIPT OF EACH OF THEM. YOU UNDERSTAND THAT IF YOU DO NOT COMPLY WITH THE TERMS OF ANY APPLICABLE CORPORATE, GOVERNMENT, OR TOUR ACCOUNT AGREEMENT AND THE TERMS OF THIS RENTAL AGREEMENT, ALL LIABILITY AND UNINSURED/UNDERINSURED MOTORIST BENEFITS, IF ANY, ARE WITHDRAWN AND WILL NOT BE PROVIDED.			
<b>RENTER :</b> _____			

# This is **NOT A RECEIPT**

- Shows no method of payment



Page No. 1

1914 Connecticut Avenue N.W.  
Washington, DC 20009  
Tel: 202-797-2000  
Fax: 202-462-0944

Guest Name: Joe Traveler  
American Astronomical Society  
., AL

Room #: 508  
Folio #: R17CD9 - 1  
Group #: 9193  
Guests: 1  
Clerk:

CL #:

CC #: \*\*\*\*\*

Arrive: 11/28/06

Time: 01:38 PM

Depart: 11/30/06

Time: 04:10:02

Status: FOL

Date	Description	Reference	Comment	Charges	Credits
11/28/2006	ROOM	508		\$159.00	
11/28/2006	TAX	508t	TAX	\$23.06	
11/29/2006	ROOM	508		\$159.00	
11/29/2006	TAX	508t	TAX	\$23.06	

Folio Balance: \$364.12

Signature: \_\_\_\_\_

# This is **NOT A RECEIPT**

- Shows no proof of payment

<b>Joe Traveler</b> NAME (PLEASE PRINT)		<b>Travelodge</b> 1112 North Hollywood Way Burbank, CA 91505 818-845-2408 • Fax: 818-845-2840		<b>Room</b> <b>20</b>	
<b>LBNL</b> COMPANY		PHONE NO.		<b>Name</b>	
<b>1 Cyclotron Rd</b> STREET		CITY		STATE	
<b>Berkeley CA 94702</b> CITY		STATE		ZIP CODE	
NOTICE: This franchised hotel is independently owned and operated. You agree personally to pay all charges incurred during your stay, in advance if asked, even if your credit card or billed party doesn't pay hotel; abide by posted procedures for safekeeping valuables and house rules; and vacate by the departure date and check-out time. Hotel may refuse service and is not responsible for property damage or loss. Your party assumes all risks of personal injury unless caused by hotel's sole negligence.		Arrival Date <b>11/27</b> Departure Date <b>12/01</b>		Car No. in Party	
Lic. Plate No.		State		Car No. in Party	
Cash <input type="checkbox"/> Check <input checked="" type="checkbox"/> MC <input type="checkbox"/> VISA <input type="checkbox"/> AE <input type="checkbox"/> Other <input type="checkbox"/>		Rate <b>79.00</b>		Tax <b>7.90</b>	
<b>X Joe Traveler</b> GUEST SIGNATURE		TOTAL <b>86.90</b>		Phone	
		Misc. <b>4 nights</b>		TOTAL <b>1347.60</b>	
		Amt. Pd.		Clerk	